SENATE BILL 57

C3 EMERGENCY BILL ENROLLED BILL

(0lr0030)

— Finance/Health and Government Operations —

Introduced by Chair, Finance Committee (By Request - Departmental - Insurance Administration, Maryland) and Senators Astle, Della, Exum, Garagiola, Glassman, Kelley, Klausmeier, Middleton, and Pugh

Read and Examined by Proofreaders:
Proofreader.
Proofreader.
Sealed with the Great Seal and presented to the Governor, for his approval this
day of at o'clock,M.
President.
CHAPTER
AN ACT concerning
Health Insurance – <u>Conformity with Federal Law</u> – Mental Health Benefits – Group Health Plans and, <u>Medical and Surgical Benefits for Mastectomies</u> – <u>Parity with Federal Law</u> , and the Federal Patient Protection and Affordable
<u>Care Act</u>
FOR the purpose of providing that it is not discriminatory, under certain provisions of law that prohibit certain health insurance policies, contracts, or certificates from discriminating against a person with a mental illness, emotional disorder, drug abuse disorder, or alcohol abuse disorder, if the benefits for partial hospitalization and outpatient expenses under certain group health plans contracts covering employees of one or more large employers are covered in a certain manner; providing that, under certain group health plans contracts covering employees of one or more large employers, certain benefits for mental

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

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Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.

Italics indicate opposite chamber/conference committee amendments.



2 1 illnesses, emotional disorders, drug abuse disorders, or alcohol abuse disorders 2 may be delivered under a managed care system only if the benefits for physical 3 illnesses are delivered under a managed care system; requiring certain factors 4 used to manage certain benefits for mental illnesses, emotional disorders, drug 5 abuse disorders, or alcohol abuse disorders under certain group contracts to be 6 comparable as written and in operation to, and applied no more stringently 7 than, the factors used to manage the benefits for certain physical illnesses; 8 requiring certain contracts to provide coverage for certain physical 9 complications of all stages of mastectomy in a certain manner; providing that 10 certain provisions of law enacted after a certain date do not apply to certain group health plans and certain health insurance coverage under certain 11 12 circumstances; providing for a certain exception; providing that certain 13 provisions of federal law apply to certain insurers, nonprofit health service plans. and health maintenance organizations; authorizing the Maryland Insurance 14 Commissioner to enforce certain provisions of law; making certain provisions of 15 this Act applicable to health maintenance organizations; defining certain terms; 16 17 altering a certain definition; making conforming and technical changes; making 18 this Act an emergency measure; providing for the termination of certain 19 provisions of this Act; and generally relating to health insurance and mental 20 health benefits. 21 BY repealing and reenacting, with amendments. 22 Article – Health – General 23 Section 19-703.1 Annotated Code of Maryland 24 25 (2009 Replacement Volume) BY adding to Article - Health - General

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- 28 Section 19–706(cccc) and (dddd)
- 29 Annotated Code of Maryland
- (2009 Replacement Volume) 30

31 BY adding to

- 32 Article – Insurance
- Section 15–134 and 15–135 33
- 34 Annotated Code of Maryland
- (2006 Replacement Volume and 2009 Supplement) 35
- 36 BY repealing and reenacting, with amendments,
- 37 Article – Insurance
- Section 15–802 and 15–815 38
- 39 Annotated Code of Maryland
- 40 (2006 Replacement Volume and 2009 Supplement)
- 41 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF 42 MARYLAND, That the Laws of Maryland read as follows:

1			Article - Health - General
2	19–703.1.		
3	(a)	(1)	In this section the following terms have the meanings indicated.
4		(2)	"Alcohol abuse" has the meaning stated in § 8–101 of this article.
5		(3)	"Drug abuse" has the meaning stated in § 8–101 of this article.
6		(4)	"GROUP HEALTH PLAN" MEANS AN EMPLOYER-SPONSORED
7 8	HEALTH BENEFIT PLAN SUBJECT TO THE PROVISIONS OF 29 U.S.C. § 1185A OF 26 U.S.C. § 9812.		
9 10	§ 15–1401	(5) (OF TH	4) "HEALTH BENEFIT PLAN" HAS THE MEANING STATED IN IE INSURANCE ARTICLE.
11 12	<u>THAN 50 E</u>	(5) MPLO	"LARGE EMPLOYER" MEANS AN EMPLOYER THAT HAS MORE YEES AND IS NOT A SMALL EMPLOYER.
13 14 15 16		ed pers	eauthorize a treatment plan that a health care practitioner develops son using a variety of cost containment methods to control utilization,
17 18 19 20 21	disorders, d	drug al	(7) "Partial hospitalization" means the provision of medically or intermediate short—term treatment for mental illness, emotional buse or alcohol abuse for a period of less than 24 hours but more than y for a member or subscriber in a licensed or certified facility or
22 23	OF THE IN	(8) SURAI	"SMALL EMPLOYER" HAS THE MEANING STATED IN § 15–1201 NCE ARTICLE.
24 25 26 27 28 29 30	health bend a mental i failing to p same terms	efits ar llness, provide s and o	Subject to the provisions of this section, each contract or certificate er or subscriber by a health maintenance organization that provides ad services for diseases may not discriminate against any person with emotional disorder or a drug abuse or alcohol abuse disorder by benefits for treatment and diagnosis of these illnesses under the conditions as provided for covered benefits offered under the contract he treatment of physical illness.

(2) It shall not be considered to be discriminatory under paragraph (1) of this subsection if at least the following benefits are provided:

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1 2 3	(i) With respect to inpatient benefits provided in a licensed or certified facility, which shall include hospital inpatient benefits, the total number of days for which benefits are payable shall be [:
4 5 6 7	1. Except as provided in subsection (d) of this section, from July 1, 1994 through June 30, 1995, at least 60 days in any calendar year or benefit period of not more than 12 months under the same terms and conditions that apply to benefits available under the contract or certificate for physical illness; and
8 9 10	2. On or after July 1, 1995,] at least equal to the same terms and conditions that apply to the benefits available under the contract or certificate for physical illness;
11 12 13 14 15	(ii) [Subject] EXCEPT AS PROVIDED IN ITEM (III) OF THIS PARAGRAPH AND SUBJECT to subsection [(f)] (E) of this section, with respect to benefits for partial hospitalization, at least 60 days of partial hospitalization shall be covered under the same terms and conditions that apply to the benefit available under the contract or certificate for physical illness; [and]
16	(III) FOR GROUP HEALTH PLANS, WITH RESPECT TO
17	BENEFITS FOR PARTIAL HOSPITALIZATION, THE BENEFITS SHALL BE COVERED
18	UNDER THE SAME TERMS AND CONDITIONS THAT APPLY TO THE BENEFITS
19	AVAILABLE UNDER THE CONTRACT FOR OUTPATIENT HOSPITAL ADMISSIONS
20	FOR PHYSICAL ILLNESS FOR AT LEAST 60 DAYS;
21	(III) FOR GROUP CONTRACTS COVERING EMPLOYEES OF
22	ONE OR MORE LARGE EMPLOYERS, WITH RESPECT TO BENEFITS FOR PARTIAL
23	HOSPITALIZATION FOR THE TREATMENT OF MENTAL ILLNESS, EMOTIONAL
24	DISORDERS, DRUG ABUSE, AND ALCOHOL ABUSE, THE GREATER OF:
25	1. The same benefits payable under the
26	CONTRACT FOR PARTIAL HOSPITALIZATION FOR PHYSICAL ILLNESS; OR
27	2. AT LEAST 60 DAYS OF PARTIAL HOSPITALIZATION
28	COVERED UNDER THE SAME TERMS AND CONDITIONS THAT APPLY TO
29	OUTPATIENT TREATMENT OF PHYSICAL ILLNESSES;
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30	[(iii)] (IV) [With] EXCEPT AS PROVIDED IN ITEM (V) OF THIS
31	PARAGRAPH, WITH respect to outpatient coverage, other than for inpatient or partial
32	hospitalization services, benefits for covered expenses arising from services, including
33	psychological and neuropsychological testing for diagnostic purposes, [which] THAT
34	are rendered to treat mental illness, emotional disorders, drug abuse, and alcohol
35	abuse shall be at a rate [which] THAT is, after the applicable deductible, not less than:

- 1 80 percent for the first 5 visits in any calendar year or benefit period of not more than 12 months;
- 2. 65 percent for the 6th through 30th visit in any calendar year or benefit period of not more than 12 months; and
- 5 3. 50 percent for the 31st visit and any visit after the 31st visit in any calendar year or benefit period of not more than 12 months; AND
- 7 FOR GROUP HEALTH PLANS CONTRACTS COVERING (V) 8 EMPLOYEES OF ONE OR MORE LARGE EMPLOYERS, BENEFITS FOR COVERED 9 OUTPATIENT EXPENSES ARISING FROM SERVICES, INCLUDING ALL OFFICE 10 VISITS AND PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING FOR 11 DIAGNOSTIC PURPOSES, THAT ARE RENDERED TO TREAT MENTAL ILLNESS, 12 EMOTIONAL DISORDERS, DRUG ABUSE, AND ALCOHOL ABUSE SHALL BE 13 COVERED UNDER THE SAME TERMS AND CONDITIONS THAT APPLY TO SIMILAR 14 BENEFITS AVAILABLE UNDER THE CONTRACT FOR PHYSICAL ILLNESS.
 - (c) (1) The benefits under this section shall be required only for expenses arising for treatment of mental illnesses, emotional disorders, drug abuse, and alcohol abuse [which] THAT in the professional judgment of practitioners is medically necessary and treatable.

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- 19 (2) The benefits required under this section shall be provided as one set of benefits covering mental illnesses, emotional disorders, drug abuse, and alcohol abuse.
- 22 (3) [The] SUBJECT TO PARAGRAPH (4) OF THIS SUBSECTION, THE 23 benefits required under this section may be delivered under a managed care system.
 - (4) FOR GROUP HEALTH PLANS CONTRACTS COVERING EMPLOYEES OF ONE OR MORE LARGE EMPLOYERS, THE BENEFITS REQUIRED UNDER THIS SECTION MAY BE DELIVERED UNDER A MANAGED CARE SYSTEM ONLY IF THE BENEFITS FOR PHYSICAL ILLNESSES COVERED UNDER THE CONTRACT ARE DELIVERED UNDER A MANAGED CARE SYSTEM.
- 29 (5) FOR GROUP CONTRACTS COVERING EMPLOYEES OF ONE OR
 30 MORE LARGE EMPLOYERS, THE PROCESSES, STRATEGIES, EVIDENTIARY
 31 STANDARDS, OR OTHER FACTORS USED TO MANAGE THE BENEFITS REQUIRED
 32 UNDER THIS SECTION MUST BE COMPARABLE AS WRITTEN AND IN OPERATION
 33 TO, AND APPLIED NO MORE STRINGENTLY THAN, THE PROCESSES, STRATEGIES,
 34 EVIDENTIARY STANDARDS, OR OTHER FACTORS USED TO MANAGE THE
 35 BENEFITS FOR PHYSICAL ILLNESSES COVERED UNDER THE CONTRACT.

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- [(4)] (5) (6) Except as specifically provided in this section, benefits for illnesses covered by this section and the benefits for physical illnesses covered under a contract or certificate shall have the same terms and conditions.
- [(5)] (6) (7) Except for the coinsurance provisions in subsection [(b)(2)(iii)] (B)(2)(IV) of this section, a contract or certificate that is subject to this section may not have:
- 7 (i) Separate lifetime maximums for physical illnesses and 8 illnesses covered under this section;
- 9 (ii) Separate deductibles and coinsurance amounts for physical 10 illnesses and illnesses covered under this section; or
- 11 (iii) Separate out—of—pocket limits in a benefit period of not more 12 than 12 months for physical illnesses and illnesses covered under this section.
- [(6)] (8) (i) Subject to subparagraph (ii) of this paragraph, any copayments required under a contract or certificate for benefits for illnesses covered under this section shall be:
- 16 1. Actuarially equivalent to any coinsurance requirements under this section; or
- Where there are no coinsurance requirements, not greater than a copayment required for a benefit under the contract or a certificate for a physical illness.
 - (ii) A health maintenance organization may not charge a copayment that is greater than 50% of the daily cost for methadone maintenance treatment.
 - (d) [Notwithstanding the provisions of subsection (b)(2)(i)1 of this section, until July 1, 1995, a contract or certificate that is subject to this section that offers less than 60 days coverage for inpatient care for health care for physical illness must only include coverage for mental illness, emotional disorders, drug abuse, and alcohol abuse that is at least equal to the benefit offered for those other types of health care. On and after July 1, 1995, the provisions of subsection (b)(2)(i)2 of this section shall apply.
 - (e)] An office visit to a physician or other health care provider for the purpose of medication management may not be counted against the number of visits required to be covered as a part of the benefits required under subsection [(b)(2)(iii)] (B)(2)(IV) of this section and shall be reimbursed under the same terms and conditions as an office visit for physical illnesses covered under the contract or certificate.

- [(f)] (E) Nothing in this section shall be construed to prohibit exceeding the minimum benefits required under subsection (b)(2)(ii) **OR** (III) of this section for any partial hospitalization day that is medically necessary and would serve to prevent inpatient hospitalization.

 19-706.
- 6 (CCCC) THE PROVISIONS OF § 15–134 OF THE INSURANCE ARTICLE
 7 APPLY TO HEALTH MAINTENANCE ORGANIZATIONS.
- 8 Article Insurance
- 9 15-134.
- 10 (A) IN THIS SECTION, "GRANDFATHERED HEALTH PLAN" HAS THE
 11 MEANING STATED IN THE FEDERAL PATIENT PROTECTION AND AFFORDABLE
 12 CARE ACT, AS AMENDED BY THE FEDERAL HEALTH CARE AND EDUCATION
 13 RECONCILIATION ACT OF 2010.
- 14 (B) EXCEPT AS PROVIDED IN SUBSECTION (C) OF THIS SECTION, A
 15 PROVISION OF THIS TITLE OR TITLE 14 OF THIS ARTICLE ENACTED AFTER
 16 JANUARY 1, 2010, MAY NOT APPLY TO A GROUP HEALTH PLAN THAT IS A
 17 GRANDFATHERED HEALTH PLAN OR HEALTH INSURANCE COVERAGE THAT IS A
 18 GRANDFATHERED HEALTH PLAN IF THE PROVISION WOULD PREVENT THE
 19 GROUP HEALTH PLAN OR HEALTH INSURANCE COVERAGE FROM BEING
 20 CONSIDERED A GRANDFATHERED HEALTH PLAN.
- 21 (C) SUBSECTION (B) OF THIS SECTION DOES NOT APPLY TO ANY
 22 PROVISION OF THIS TITLE OR TITLE 14 OF THIS ARTICLE ENACTED AFTER
 23 JANUARY 1, 2010, TO ENFORCE A PROVISION OF FEDERAL LAW THAT WAS
 24 ENACTED ON OR BEFORE JANUARY 1, 2010.
- 25 15–802.
- 26 (a) (1) In this section the following words have the meanings indicated.
- 27 (2) "Alcohol abuse" has the meaning stated in § 8–101 of the Health 28 General Article.
- 29 (3) "Drug abuse" has the meaning stated in § 8–101 of the Health 30 General Article.
- 31 (4) "Group Health Plan" Means an employer sponsored 32 Health Benefit Plan Subject to the Provisions of 29 U.S.C. § 1185a or 33 26 U.S.C. § 9812.

1	(5) <u>(4)</u>	"HEALTH BENEFIT PLAN"	" HAS THE MEANING STATED IN
2	§ 15–1401 OF THIS TIT	LE.	

(5) "LARGE EMPLOYER" MEANS AN EMPLOYER THAT HAS MORE THAN 50 EMPLOYEES AND IS NOT A SMALL EMPLOYER.

- [(4)] (6) "Managed care system" means a system of cost containment methods that a carrier uses to review and preauthorize a treatment plan developed by a health care provider for a covered individual in order to control utilization, quality, and claims.
- 9 [(5)] (7) "Partial hospitalization" means the provision of medically 10 directed intensive or intermediate short–term treatment:
- 11 (i) to an insured, subscriber, or member;
- 12 (ii) in a licensed or certified facility or program;
- 13 (iii) for mental illness, emotional disorders, drug abuse, or 14 alcohol abuse; and
- 15 (iv) for a period of less than 24 hours but more than 4 hours in a 16 day.

17 (8) "SMALL EMPLOYER" HAS THE MEANING STATED IN § 15–1201 18 OF THIS TITLE.

- (b) This section applies to each health insurance policy or contract that is delivered or issued for delivery in the State to an employer or individual on a group or individual basis and that provides coverage on an expense—incurred basis.
- (c) A policy or contract subject to this section may not discriminate against an individual with a mental illness, emotional disorder, drug abuse disorder, or alcohol abuse disorder by failing to provide benefits for the diagnosis and treatment of these illnesses under the same terms and conditions that apply under the policy or contract for the diagnosis and treatment of physical illnesses.
- (d) It is not discriminatory under subsection (c) of this section if at least the following benefits are provided:
 - (1) with respect to inpatient benefits for services provided in a licensed or certified facility, including hospital inpatient benefits, the total number of days for which benefits are payable and the terms and conditions that apply to those benefits are at least equal to those that apply to the benefits available under the policy or contract for physical illnesses;

1	(2) EXCEPT AS PROVIDED IN ITEM (3) OF THIS SUBSECTION AND
2	subject to subsection (g) of this section, with respect to benefits for partial
3	hospitalization, at least 60 days of partial hospitalization are covered under the same
4	terms and conditions that apply to the benefits available under the policy or contract
5	for physical illnesses; [and]
5	for physical inflesses, [and]
6	(3) FOR GROUP HEALTH PLANS, WITH RESPECT TO BENEFITS FOR
7	PARTIAL HOSPITALIZATION, THE BENEFITS ARE COVERED UNDER THE SAME
8	TERMS AND CONDITIONS THAT APPLY TO THE BENEFITS AVAILABLE UNDER THE
9	CONTRACT FOR OUTPATIENT HOSPITAL ADMISSIONS FOR PHYSICAL ILLNESS
10	FOR AT LEAST 60 DAYS;
11	(3) FOR GROUP CONTRACTS COVERING EMPLOYEES OF ONE OR
12	MORE LARGE EMPLOYERS, WITH RESPECT TO BENEFITS FOR PARTIAL
13	HOSPITALIZATION FOR THE TREATMENT OF MENTAL ILLNESS, EMOTIONAL
14	DISORDERS, DRUG ABUSE, AND ALCOHOL ABUSE, THE GREATER OF:
15	(I) THE SAME BENEFITS PAYABLE UNDER THE CONTRACT
16	FOR PARTIAL HOSPITALIZATION FOR PHYSICAL ILLNESS; OR
17	(II) AT LEAST 60 DAYS OF PARTIAL HOSPITALIZATION
18	COVERED UNDER THE SAME TERMS AND CONDITIONS THAT APPLY TO
19	OUTPATIENT TREATMENT OF PHYSICAL ILLNESSES;
20	[(3)] (4) EXCEPT AS PROVIDED IN ITEM (5) OF THIS SUBSECTION,
21	with respect to outpatient coverage, other than for inpatient or partial hospitalization
22	services, benefits for covered expenses arising from services, including psychological
23	and neuropsychological testing for diagnostic purposes, provided to treat mental
24	illnesses, emotional disorders, drug abuse, or alcohol abuse are at a rate that, after the
25	applicable deductible, is not less than:
26	(i) 80% for the first five visits in a calendar year or benefit
$\frac{20}{27}$	(i) 80% for the first five visits in a calendar year or benefit period of not more than 12 months;
<i>4</i> I	period of not more than 12 months,
28	(ii) 65% for the 6th through 30th visit in a calendar year or
29	benefit period of not more than 12 months; and
	,
30	(iii) 50% for the 31st visit and any subsequent visit in a calendar
31	year or benefit period of not more than 12 months; AND
32	(5) FOR GROUP HEALTH PLANS <u>CONTRACTS COVERING</u>
33	EMPLOYEES OF ONE OR MORE LARGE EMPLOYERS, BENEFITS FOR COVERED
34	OUTPATIENT EXPENSES ARISING FROM SERVICES, INCLUDING ALL OFFICE

VISITS AND PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING FOR

- 1 DIAGNOSTIC PURPOSES, PROVIDED TO TREAT MENTAL ILLNESSES, EMOTIONAL 2 DISORDERS, DRUG ABUSE, OR ALCOHOL ABUSE ARE COVERED UNDER THE SAME 3 TERMS AND CONDITIONS THAT APPLY TO SIMILAR BENEFITS AVAILABLE UNDER 4 THE CONTRACT FOR PHYSICAL ILLNESSES. 5 (e) (1) The benefits under this section are required only for expenses 6 arising from the treatment of mental illnesses, emotional disorders, drug abuse, or 7 alcohol abuse if, in the professional judgment of health care providers: 8 the mental illness, emotional disorder, drug abuse, or (i) 9 alcohol abuse is treatable; and 10 (ii) the treatment is medically necessary. 11 (2) The benefits required under this section: 12 shall be provided as one set of benefits covering mental illnesses, emotional disorders, drug abuse, and alcohol abuse; 13 14 (ii) shall have the same terms and conditions as the benefits for physical illnesses covered under the policy or contract subject to this section, except as 15 specifically provided in this section; and 16 17 SUBJECT TO PARAGRAPH (3) OF THIS SUBSECTION, may (iii) 18 be delivered under a managed care system. 19 **(3)** FOR GROUP HEALTH PLANS CONTRACTS COVERING 20 EMPLOYEES OF ONE OR MORE LARGE EMPLOYERS, THE BENEFITS REQUIRED 21UNDER THIS SECTION MAY BE DELIVERED UNDER A MANAGED CARE SYSTEM 22 ONLY IF THE BENEFITS FOR PHYSICAL ILLNESSES COVERED UNDER THE 23CONTRACT ARE DELIVERED UNDER A MANAGED CARE SYSTEM. 24 **(4)** FOR GROUP CONTRACTS COVERING EMPLOYEES OF ONE OR 25 MORE LARGE EMPLOYERS, THE PROCESSES, STRATEGIES, EVIDENTIARY 26 STANDARDS, OR OTHER FACTORS USED TO MANAGE THE BENEFITS REQUIRED 27UNDER THIS SECTION MUST BE COMPARABLE AS WRITTEN AND IN OPERATION 28 TO, AND APPLIED NO MORE STRINGENTLY THAN, THE PROCESSES, STRATEGIES, EVIDENTIARY STANDARDS, OR OTHER FACTORS USED TO MANAGE THE 29 30 BENEFITS FOR PHYSICAL ILLNESSES COVERED UNDER THE CONTRACT.
 - [(3)] (4) (5) Except for the coinsurance requirements under subsection [(d)(3)] (D)(4) of this section, a policy or contract subject to this section may not have:
- 33 (i) separate lifetime maximums for physical illnesses and 34 illnesses covered under this section;

$\frac{1}{2}$	(ii) separate deductibles and coinsurance amounts for physical illnesses and illnesses covered under this section; or
3 4	(iii) separate out—of—pocket limits in a benefit period of not more than 12 months for physical illnesses and illnesses covered under this section.
5 6 7	[(4)] (5) (6) (i) Subject to subparagraph (ii) of this paragraph, any copayments required under a policy or contract subject to this section for benefits for illnesses covered under this section shall be:
8 9	1. actuarially equivalent to any coinsurance requirements under this section; or
10 11 12	2. if there are no coinsurance requirements, not greater than any copayment required under the policy or contract for a benefit for a physical illness.
13 14 15	(ii) An insurer or nonprofit health service plan may not charge a copayment that is greater than 50% of the daily cost for methadone maintenance treatment.
16 17	(f) An office visit to a physician or other health care provider for medication management:
18 19 20	(1) may not be counted against the number of visits required to be covered as a part of the benefits required under subsection [(d)(3)] (D)(4) of this section; and
21 22 23	(2) shall be reimbursed under the same terms and conditions as an office visit for a physical illness covered under the policy or contract subject to this section.
24 25 26	(g) This section does not prohibit exceeding the minimum benefits required under subsection (d)(2) OR (3) of this section for any partial hospitalization day that is medically necessary and would serve to prevent inpatient hospitalization.
27	<u>15–815.</u>
28	(a) (1) In this section the following words have the meanings indicated.
29 30	(2) "Mastectomy" means the surgical removal of all or part of a breast [as a result of breast cancer].
31 32	(3) (i) "Reconstructive breast surgery" means surgery performed as a result of a mastectomy to reestablish symmetry between the two breasts.

1 2	(ii) "Reconstructive breast surgery" includes augmentation mammoplasty, reduction mammoplasty, and mastopexy.
3	(b) This section applies to CONTRACTS ISSUED BY:
4 5 6 7	(1) insurers and nonprofit health service plans that provide [hospital, medical, or] MEDICAL AND surgical benefits to individuals or groups on an expense-incurred basis under health insurance [policies] CONTRACTS that are issued or delivered in the State; and
8 9 10	(2) health maintenance organizations that provide [hospital, medical, or] MEDICAL AND surgical benefits to individuals or groups under contracts that are issued or delivered in the State.
11 12	(c) [An entity] A CONTRACT subject to this section shall provide coverage for:
13 14 15 16	(1) reconstructive breast surgery, including coverage for all stages of reconstructive breast surgery performed on a nondiseased breast to establish symmetry with the diseased breast when reconstructive breast surgery is performed on the diseased breast; AND
17 18 19	(2) PHYSICAL COMPLICATIONS OF ALL STAGES OF MASTECTOMY, INCLUDING LYMPHEDEMAS, IN A MANNER DETERMINED IN CONSULTATION WITH THE ATTENDING PHYSICIAN AND THE PATIENT.
20 21	<u>SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:</u>
22	$\underline{Article-Health-General}$
23	<u>19–706.</u>
24 25	(DDDD) THE PROVISIONS OF § 15–135 OF THE INSURANCE ARTICLE APPLY TO HEALTH MAINTENANCE ORGANIZATIONS.
26	$\underline{Article-Insurance}$
27	<u>15–135.</u>
28 29 30	(A) THE PROVISIONS OF TITLE I, SUBTITLES A AND C OF THE FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT, AS AMENDED BY §§ 10101 AND 10103 OF THAT ACT AND THE FEDERAL HEALTH CARE AND EDUCATION PROCEDULATION ACT OF 2010, APPLY TO ALL INSURERS, NONROCKET HEALTH

1 SERVICE PLANS, AND HEALTH MAINTENANCE ORGANIZATIONS THAT DELIVER OR
2 ISSUE FOR DELIVERY INDIVIDUAL, GROUP, OR BLANKET HEALTH INSURANCE
3 POLICIES OR CONTRACTS IN THE STATE.

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(B) THE COMMISSIONER MAY ENFORCE THIS SECTION UNDER ANY APPLICABLE PROVISIONS OF THIS ARTICLE.

6 SECTION 2. 3. AND BE IT FURTHER ENACTED, That this Act is an 7 emergency measure, is necessary for the immediate preservation of the public health 8 or safety, has been passed by a yea and nay vote supported by three-fifths of all the 9 members elected to each of the two Houses of the General Assembly, and shall take effect from the date it is enacted. Section 2 of this Act shall remain effective through 10 June 30, 2011, and, at the end of June 30, 2011, with no further action required by the 11 12 General Assembly, Section 2 of this Act shall be abrogated and of no further force and 13 effect.

Approved:	
	Governor.
	President of the Senate.
	Speaker of the House of Delegates.